The new medicine service – a guide for GPs and other healthcare professionals

October 2011

A new service to support patients

- Since 2005, pharmacists have offered medicines use reviews (MURs) to help people understand and get the most from their medicines.
- Now the NHS is funding pharmacists to offer a new medicine service (NMS), to support people who are started on certain new medicines, from 1 October 2011.
- NMS aims to support people who are newly prescribed medicines for:
  - asthma and chronic obstructive pulmonary disease
  - type 2 diabetes
  - hypertension
  - anticoagulant/antiplatelet therapy.

Importance of adherence

- Between 30 percent and 50 percent of these medicines are not taken as recommended, leading to inadequate management of long-term conditions (LTCs) and costs to the patient, the NHS and society.¹
- Increasing adherence is likely to have a far greater impact on health than any improvement in medical treatments.
- Failure of adherence is often hidden by patients and unrecognised by prescribers.¹
- People make decisions about them very soon after being prescribed new medicines.

Benefits of the new medicine service

For patients

- Gives patients knowledge to make informed decisions about their care.
- Improves patient adherence, leading to better health outcomes.
- Increases patient engagement with their LTC and medicines.

For GPs and other healthcare providers

- Supplements and reinforces information provided by the prescriber and practice staff to help patients make informed choices about their care.
- Promotes multidisciplinary working between the pharmacy and the patient’s GP practice.

For the wider NHS

- Reduces medicines wastage.
- Reduces hospital admissions due to adverse events from medicines.
- Increases yellow card reporting by pharmacists and patients, supporting improved pharmacovigilance.

For pharmacists

- Gives pharmacists a lead role in improving medicines adherence.
- Shows patients that pharmacists care with this ‘after-sales service’.
- Provides opportunities to support and integrate with services for LTCs from other providers.
- Links the use of newly prescribed medicines to lifestyle changes and other non-drug interventions to promote health in people with LTCs.
- Produces measurable outcomes and provides an evidence base for continuing pharmacy services.
- Improves patient loyalty to the pharmacy.

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Is the patient eligible for recruitment?

The new medicine must be to manage one of the following LTCs:
- asthma / chronic obstructive pulmonary disease
- type 2 diabetes
- anticoagulant/antiplatelet therapy
- hypertension.

Is the patient eligible for recruitment?

- Dispense medicine and provide advice
- Provide patient with information relating to service, e.g., leaflet
- Provide opportunistic lifestyle advice
- Does the patient agree to be recruited to the service?
- Get patient to sign consent form

Patient engagement

Patient and pharmacy agree a method and time for intervention in one to two weeks’ time

Talk with the patient:
- Use the interview schedule list of questions to support your consultation
- Provide opportunistic lifestyle advice
- Does the patient agree to be recruited to the service?
- Get patient to sign consent form

Intervention

Is the patient adhering to their medicine?

Solution is identified and agreed
- Tell the patient they are doing well – encourage and motivate them to continue with adherence.
- Make next appointment for follow-up in two to three weeks.

Solution not identified or agreed
- Explain potential clinical risk of non-adherence. Refer patient to general practice.

Follow-up

Is the patient adhering to their medicine?

YES
- Check the patient understands the solution.
- Make next appointment for follow-up in two to three weeks.
- Encourage and motivate the patient to work with the solution.

NO
- Explain potential clinical risk of non-adherence. Refer patient to general practice.

End of service